

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048773

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 5791 Registrar's No. 73

FILED DEC 20 1963

1. PLACE OF DEATH a. COUNTY <b>MONITEAU</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>MONITEAU</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Barry Fork Twp. Mo</b>		c. CITY OR TOWN <b>Russellville Mo</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AT HOME</b>		d. STREET ADDRESS (If outside, give location) <b>RRI</b>	
3. NAME OF DECEASED (Type or print) First <b>EMMIT</b> Middle <b>McDowell</b> Last <b>McDowell</b>		4. DATE OF DEATH Month <b>Dec</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/24/1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ENON Mo</b>	
13a. FATHER'S NAME <b>JAMES McDowell</b>		13b. MOTHER'S MAIDEN NAME <b>CHARLOTT WALKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Mrs L. L. Hall</b>		17. ADDRESS <b>ENON Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <b>Aug 2, 1963</b> to <b>Dec 12, 1963</b> and last saw him alive on <b>Dec 3, 1963</b> Death occurred at <b>11:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Kenneth Latham M.D.</b>		22b. ADDRESS <b>California, Mo</b>	22c. DATE SIGNED <b>12-14-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-14-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ENON CEMETARY</b>	23d. LOCATION (City, town, or county) (State) <b>Russellville Mo</b>
24. FUNERAL DIRECTOR <b>Steffens Funeral Service</b>		25. DATE RECD. BY LOCAL REG. <b>12/15/63</b>	26. REGISTRAR'S SIGNATURE <b>Helen K. Popejoy</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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RECEIVED

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Gus N. Steffens*

Licensed Embalmer No.

2307

P. O. Address

Russellville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.